

FIPPA ACCESS REQUEST FORM

Please Note: A \$5.00 application fee is required for all requests.

Request for:		Name of Department at Nipissing University to which request is being made:	
☐ Access to General Records ☐ Access to Own Personal Information ☐ Correction to Own Personal Information		maue.	
If request is for access to,	or correction of, own persona	al information records:	
Last name appearing on r	ecords: 🗌 same as below, or	r:	
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss		Address: (Street/Apt. No/P.O. Box/R.R. No.)	
Last Name:			
First Name:			
Middle Name:		City/Town:	
Telephone (Day): ()		Postal Code:	
Telephone (Evening): ()		Province:	
		Email Address: Please check this box if you wish to communicate via emai	 l.
		ormation, please indicate the desired correction, and if appropriate, attach any s s not made, and you may request that a statement of disagreement be attached t	
Preferred method of access to records:	☐ Examine Original ☐ Receive Copy	Time period for From (yyyy/mm/dd): To (yyyy/mm/dd): the records:	
Date of Application (yyyy/mm/dd):		Signature:	
For Institution Use Only			
Date Received:	Request Number:	Comments:	
Personal information cont the purpose of responding	tained on this form is collecte g to your request. Questions	ed pursuant to the Freedom of Information and Protection of Privacy Act and wi about this collection should be directed to the Information and Privacy Officer a	l be used for t Nipissing